



To be completed by **the applicant**:

I am aware of the provisions of the Family Education Rights and Privacy Act (FERPA) and authorizes the release of the following information to CSU Bakersfield. **I realize that I will not view or be informed about this evaluation/recommendation form.**

Electronic Signature (type name):

To **the evaluator**:

Please complete the following questionnaire, including the electronic signature at the bottom of this form, and upload the signed document to the Box folder: [Link](#)

(<https://csub.app.box.com/f/61eb1e02ee2542ee883e00328d38b21f>)

The above applicant has applied for admission to the Educational Administration (EDAD) program at CSU Bakersfield. This recommendation form should be completed by an individual who has knowledge of the applicant's knowledge, skills, and dispositions. Please provide your judgment of the suitability of this applicant for the program according to the following dispositions.

Disposition	Evaluation Rating			
	Strong	Average	Below Average	Not Observed
Potential for leadership in educational administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to perform graduate-level studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for forging and maintaining effective relationships with colleagues, students, and community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possession of personality and character traits in keeping with the standards of the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall rating of potential as a candidate for placement in an administrative capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (please provide an overall comment regarding this applicant—text box will expand as you type).

In addition to your signature, please provide your information so that we might contact you should we need clarification.

Title:
Email Address:

Organization:

(Electronic Signature of Recommender)

Date